U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6359	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Peter Iriate	Name Bricklayers AFL-CIO, Local Union #1
	Labor Organization File Number 025-992
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2251 North School Street	Street 2251 North School Street
City Honolulu	City Honolulu
State Hawaii ZIP Code + 4 96819	State Hawaii ZIP Code + 4 96819
5. Position in labor organization. Recording secretary	
Enter appropriate data below If, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
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A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the lest of the
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is to the lest of the

Name of reison Filling Peter Iriate File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Hawaii Masons & Plasterers Training Trust Fu				
Trade Name, if any:	a. Labor Organiza	ation		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 2251 North School Street	C. Employer			
City Honolulu				
State Hawaii ZIP Code + 4 96819				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.		
Name	Expenses incurre	d as trustee on multiemployer yee benefit plan (See Attachment	1	
Trade Name, if any:	of 5 pages)	100 mondre print (bod isocionicity	-	
P.O. Box, Bldg., Room No., if any			-	
And distant in a second and control of the control		Pharmage of a specifical of the second contraction and the second contracti		
Street	11.b. Approximate dollar valu	ue of such dealing. \$6,66	46	
City	12.a. Nature of interest held	d or income received.	who we have	
State ZIP Code + 4	:			
			*	
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	12.b. Amount.		- Acceptance of the second paper of	
C. Received from any employer (other than an employer covered under	er parts A and B above)			
or from any labor relations consultant to an employer any payment of money	or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	THE THE MENT OF THE PROPERTY O		
Name			:	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	:		,	
Street				
City			:	
State ZIP Code + 4				
	A.A.L. A.A.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Peter Iriate	File Number U-

9. Business deals with:			
a. Labor Organization b. Trust			
			c. Employer
11.a. Nature of such dealing.			
Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment			
2 of 5 pages)			
11.b. Approximate dollar value of such dealing. \$20			
11.b. Approximate dollar value of such dealing. \$20 12.a. Nature of interest held or income received.			
Table . Naticle of interest field of income received.			
12.b. Amount.			

Name of Person Filing Peter Iriate	File Number U-	

P	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Masons Health & Welfare Trust Fund Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 2251 North School Street	c. Employer
City Honolulu	
State Hawaii ZIP Code + 4 96819	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 3 of 5 pages)
Trade Name, if any:	3 Of 5 pages)
P.O. Box, Bldg., Room No., if any Street City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$63
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing Peter Iriate	File Number U-

8. Name and address of Business (including trade name, if any). Name Masons Pension Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any		9. Business deals with: a. Labor Organization b. Trust						
					Street 2251 North School	ol Street	c. Employer	
					City Honolulu	international control of the control		
State Hawaii	ZIP Code + 4 96819							
10. If 9.b. or 9.c. is checked give t	trust or employer's name.	11.a. Nature of such dealing.						
Name		Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 4 of 5 pages)						
Trade Name, if any:								
P.O. Box, Bldg., Room No., if ar	ny							
Street Street	andropen and an application of the specified and a specified of the control of the specified and an application and the specified and application and the specified and the sp							
City								
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$267					
		12.a. Nature of interest held or income received.						
			A STATE OF THE STA					
			and a second a second and a second a second and a second a second and a second and a second and					
			} :					
		12.b. Amount.						

Name of Person Filing Pete	er Iriate		File Number U-

8. Name and address of Business (in	ncluding trade name, if any).	9. Business deals with:			
Name Hawaii Masons & Pla Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2251 North School S City Honolulu State Hawaii 10. If 9.b. or 9.c. is checked give trust of Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	ZIP Code + 4 96819	a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 5 of 5 pages)			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$83		
		12.a. Nature of interest held or income received.			
		12.b. Amount.			

8. Name and address of Business (including trade name, if any). Name Sierra Investment Partners. Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 Ygnacio Valley Road City Walnut Creek	9. Business deals with: a. Labor Organization b. Trust c. Employer
State California ZIP Code + 4 94596	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Masons Pension Trust Fund	Gift of wine bottle
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2251 North School Street City Honolulu	
State Hawaii ZIP Code + 4 96819	11.b. Approximate dollar value of such dealing. \$49
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing Peter	Iriate	File Number U-

8. Name and address of Business (includ	ing trade name, i	if any).	9. Business deals with:	
Name Sierra Investment Partners. Inc.		a. Labor Organization		
Trade Name, if any:	egagaan gangang pang a salapang ang a salapang ang ang ang ang ang ang ang ang ang		May make and	
P.O. Box, Bldg., Room No., if any Street 101 Ygnacio Road		b. Trust c. Employer		
State California	ZIP Code + 4	94596		
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.	desista de em mismo monte en mesto de en en contra contra con del como de en	
Name Hawaii Masons & Plasterers Annuity Trust Fun		Gift of wine bottle		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	an ang ang ang ang ang ang ang ang ang a	disamentahan mendahan mendahan bandahan dian melandah sebagai sebagai sebagai sebagai sebagai sebagai sebagai Bandahan sebagai		
Street 2251 North School Stree	Bt 			
City Honolulu	en eller som fill for en foreste foreste en som som som en	The control of the state of the		
State Hawaii	ZIP Code + 4 9	06819	11.b. Approximate dollar value of such dealing.	\$49
			12.a. Nature of interest held or income received.	
			12.b. Amount.	*

Page 1 of 5 pages

Attachment to Form LM-30, Line 11.a,b

TR	<u>Date of payments</u> January 1, 2004 through December 31, 2004	Amount of payments	Kind of payment Meetings Meeting expenses for attendence at quarterly trust fund meetings	Method of payment Check
	_ _	20 132	Meeting expenses for attendence at special trustee meeting	Check
	January 1, 2004 through December 31, 2004	5,985 - 529 - - - 6,514	Seminars (9/2004) Airfare Hotel Registration Auto Meals	Check
	Total	6.646		

Amounts paid on behalf as a trustee of Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 2 of 5 pages

Attachment to Form LM-30, Line 11.a,b

Amount of payments

Kind of payment

Method of payment payment

VH Date of payments
January 1, 2004 through
December 31, 2004

20 Meeting expenses for attendence at special trustee meeting

Check

20

Amounts paid on behalf as a trustee of Masons Vacation and Holiday Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 3 of 5 pages

Attachment to Form LM-30, Line 11.a,b

Amount of Date of payments Payments Neeting expenses for attendence at December 31, 2004

Amount of Date of payments Payments Neeting expenses for attendence at December 31, 2004

Method of payment Payment

32 Meeting expenses for attendence at special trustee meeting

63

Amounts paid on behalf as a trustee of Masons Health and Welfare Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 4 of 5 pages

Attachment to Form LM-30, Line 11.a,b

PN January 1, 2004 through December 31, 2004

Amount of payments

Kind of payment Meeting expenses for attendence at

235 quarterly trust fund meetings

Method of payment

payment Check

32 Meeting expenses for attendence at special trustee meeting

267

Amounts paid on behalf as a trustee of Masons Pension Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 5 of 5 pages

Attachment to Form LM-30, Line 11.a,b

Amount of <u>Date of payments</u> Amount of <u>payments</u> Kind of payment <u>payment</u>

AN January 1, 2004 through December 31, 2004

Meeting expenses for attendence at quarterly trust fund meetings

20 Meeting expenses for attendence at appeals trusted meetings

special trustee meeting

83

Amounts paid on behalf as a trustee of Masons & Plasterers Annuity Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

General explanation on reporting amounts of Form LM-30

This individual is a union official for the Bricklayers AFL-CIO, Local Union #1, Labor Organization File Number 025-992 and is also a union official for the Plasterers and Cement Mason, ALF-CIO, Local Union #630, Labor Organization File Number 037-279. The amounts disclosed are total amounts received directly or on behalf of this union official and have not been allocated or prorated between the two labor organizations this individual represents.